

04-26-05

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7590 01/24/2005

Vincent A. Cichosz
 DELPHI TECHNOLOGIES, INC.
 Legal Staff
 1450 West Long Lake - 4th Floor
 Troy, MI 48098

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Susan Grishar (Depositor's name)
Susan Grishar (Signature)
 4-25-05 (Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/042,867	01/09/2002	Kaius K. Polikarpus	DP-300218	9792

TITLE OF INVENTION: CERAMIC PART HAVING AN INSULATING LAYER AFFIXED THERETO AND METHOD FOR MAKING SAME

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1400	\$300	\$1700	04/25/2005
EXAMINER	ART UNIT		CLASS-SUBCLASS		
OLSEN, KAJ K	1753		204-424000		

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).
 Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.
 "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.

2. For printing on the patent front page, list
 (1) the names of up to 3 registered patent attorneys or agents OR, alternatively,
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1 *Jimmy L. Funke*

2 _____

3 _____

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

DELPHI TECHNOLOGIES, INC.

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

TROY, MICHIGAN	01 FC:1501	1400.00 DA
	02 FC:1504	300.00 DA
	03 FC:8001	6.00 DA

Please check the appropriate assignee category or categories (will not be printed on the patent): Individual Corporation or other private group entity Government

4a. The following fee(s) are enclosed:

Issue Fee
 Publication Fee (No small entity discount permitted)
 Advance Order - # of Copies *2*

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A check in the amount of the fee(s) is enclosed.
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 The Director is hereby authorized by charge the required fee(s), or credit any overpayment, to Deposit Account Number *500831* (enclose an extra copy of this form).

5. Change in Entity Status (from status indicated above)

a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27. b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

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Authorized Signature *Susan Grishar*Date *4-25-05*Typed or printed name *Susan Grishar*

Registration No. _____

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